

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Waukesha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 33.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.

Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CONGREGATIONAL HOME (0010315)

Address: 13900 W BURLEIGH, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 01/15/1998 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CONGREGATIONAL HOME (0010760)

Address: 3140 LILLY ROAD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 10/04/2004 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMMUNITIES (0010309)

Address: 777 N BROOKFIELD RD, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0119667 **End Date:** 01/06/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0116257 **End Date:** 09/02/2014 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRO HEALTH CARE REGENCY SENIOR COMMUNITIES--0010309)

Date Complaint Received: 11/06/2015

Date Investigation Completed: 01/06/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/14/2014

Date Investigation Completed: 09/02/2014

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: COMPASS POINT (0011251)

Address: 365 SUNSET DR, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 03/02/2006 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HERITAGE ELM GROVE H12 (0015093)

Address: 800 WALL ST, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 06/05/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115616 **End Date:** 06/05/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MATTHEWS OF HARTLAND (0014155)
Address: 300 E NORTH SHORE DR, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 06/15/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0117180 **End Date:** 02/13/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FH4E12 Served 02/27/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS		

Survey ID: 0115938 **End Date:** 08/07/2014 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FH4E11 Served 08/19/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(b)1	SERVICES	2/13/15	Yes

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Complaint History (MATTHEWS OF HARTLAND--0014155)

Date Complaint Received: 01/12/2015

Date Investigation Completed: 02/13/2015

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/18/2014

Date Investigation Completed: 08/07/2014

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ARBORETUM V LLC (THE) (0010296)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/28/2001 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0120784 **End Date:** 07/20/2016 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARBORETUM V LLC (THE)--0010296)

Date Complaint Received: 03/08/2016

Date Investigation Completed: 07/20/2016

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: DICKSON HOLLOW (0016050)
Address: W156N4881 PILGRIM RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 04/28/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0120235 **End Date:** 04/28/2016 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: MENOMONEE PLACE (0014673)

Address: N84 W17147 MENOMONEE AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 07/11/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116887 **End Date:** 12/29/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MENOMONEE PLACE--0014673)

Date Complaint Received: 11/11/2014

Date Investigation Completed: 12/29/2014

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/06/2014

Date Investigation Completed: 12/29/2014

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LINDENRIDGE (0010336)

Address: 841 HWY NN E, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO (0010349)

Address: W181 S8540 LODGE BLVD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: TUDOR OAKS WINDSOR HOUSE (0014206)
Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 08/30/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: TUDOR OAKS WINDSOR MANOR (0014205)
Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 08/30/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: TUDOR OAKS (0010499)

Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 07/15/2004 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HERITAGE DEER CREEK H2 LLC (0013469)
Address: 3585 S 147TH ST, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/15/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0120864 **End Date:** 07/25/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8XNO11 Served 08/01/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.56(2)	PLAN OF CORRECTION	10/27/16	Yes

Survey ID: 0120300 **End Date:** 04/06/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4LGY12 Served 05/17/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(4)	SERVICE AGREEMENT		
89.28(1)	RISK AGREEMENT		

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0115813 End Date: 06/11/2014 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4LGY11 Served 07/31/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(4)	SERVICE AGREEMENT	4/6/16	No
89.28(1)	RISK AGREEMENT	4/6/16	No

Enforcement History (HERITAGE DEER CREEK H2 LLC--0013469)

Date: 05/17/2016 SOD #4LGY12 Appealed: Decision: PENDING

Sanctions

FORFEITURE---89.27(4)
 FORFEITURE---89.28(1)

Date: 07/29/2014 SOD #4LGY11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
 FORFEITURE---89.26(4)
 FORFEITURE---89.27(4)
 FORFEITURE---89.28(1)
 FORFEITURE---89.28(6)

Complaint History (HERITAGE DEER CREEK H2 LLC--0013469)

Date Complaint Received: 06/02/2014 Date Investigation Completed: 06/10/2014

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

Address: 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/30/1998 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LAKE COUNTRY LANDING (0015667)

Address: 2255 N STONEHEDGE TRAIL, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0120291 **End Date:** 05/11/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0117918 **End Date:** 05/28/2015 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (LAKE COUNTRY LANDING--0015667)

Date Complaint Received: 03/15/2016

Date Investigation Completed: 05/11/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SHOREHAVEN TOWER (0010358)
Address: 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 11/01/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILKINSON WOODS V LLC (0010378)

Address: 999 EAST SUMMIT AVE, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CECELIA PLACE (0013487)

Address: 1061 CECELIA DRIVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 09/30/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0119749 **End Date:** 01/20/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOSO15 Served 02/19/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.26(3)(a)	PARTICIPATION IN THE ASSESSMENT		
89.27(3)(d)	SERVICE AGREEMENT		
89.28(1)	RISK AGREEMENT		
89.28(5)	RISK AGREEMENT		

Survey ID: 0117042 **End Date:** 01/26/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOSO14 Served 02/06/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	1/12/16	No

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0115578 **End Date:** 05/29/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOSO13 Served 06/23/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	1/7/15	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	1/7/15	Yes
89.23(2)(a)2.c	SERVICES	1/7/15	No
89.23(4)(d)1	SERVICES	1/7/15	Yes
89.26(4)	ANNUAL REVIEW	1/7/15	Yes
89.27(4)	SERVICE AGREEMENT	1/7/15	Yes

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (CECELIA PLACE--0013487)

Date: 02/17/2016 **SOD #UOSO15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.23(2)(a)2c
FORFEITURE---89.26(3)(a)
FORFEITURE---89.27(3)(d)
FORFEITURE---89.28(1)

Date: 02/04/2015 **SOD #UOSO14** **Appealed:**

Sanctions

FORFEITURE---89.23(2)(a)2.c.

Date: 06/19/2014 **SOD #UOSO13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---50.065(2)(bb)
FORFEITURE---89.23(2)(a)2c
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.26(4)
FORFEITURE---89.27(4)

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Complaint History (CECELIA PLACE--0013487)

Date Complaint Received: 08/19/2015

Date Investigation Completed: 01/12/2016

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UOSO15

Date Complaint Received: 10/20/2014

Date Investigation Completed: 01/07/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/11/2014

Date Investigation Completed: 05/21/2014

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UOSO13

STAFF ADEQUACY

SUBSTANTIATED

UOSO13

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: KIRKLAND CROSSINGS RCAC (0010324)
Address: 700 QUINLAN DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MATTHEWS OF PEWAUKEE RCAC (0014153)
Address: 1109 CECELIA DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 06/15/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115541 **End Date:** 05/07/2014 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9R5W11 Served 06/13/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.28(6)	RISK AGREEMENT		

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Residential Care Apartment Complex (CERTIFIED)

Complaint History (MATTHEWS OF PEWAUKEE RCAC--0014153)

Date Complaint Received: 03/27/2014

Date Investigation Completed: 05/07/2014

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	9R5W11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	9R5W11
ADMINISTRATION	SUBSTANTIATED	9R5W11

Date Complaint Received: 03/21/2014

Date Investigation Completed: 05/07/2014

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	9R5W11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	9R5W11

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: AVALON SQUARE (0011712)
Address: 222 PARK PL, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 01/22/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LINDENHEIGHTS RCAC (0013325)

Address: 427 N UNIVERSITY DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 01/10/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: OAK HILL TERRACE RCAC (0010356)

Address: 1805 KENSINGTON DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SUMMIT WOODS (0013805)

Address: 2501 SUMMIT AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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